

## DELAWARE BOARD OF PROFESSIONAL LAND SURVEYORS

### INSTRUCTIONS FOR APPLICANTS

In order for the Board of Professional Land Surveyors to review your application, all the following must be submitted to the Board office. For full information on the application process, click on "Licensure Requirements" on [www.dpr.delaware.gov/boards/landsurveyors](http://www.dpr.delaware.gov/boards/landsurveyors).

#### **Examination Applicants**

1. The Board's application form, completed in full, signed and notarized.
2. Original transcript(s) sent directly to the Board office from college(s) or university(ies).
3. Proof of experience on the *Experience Verification Form*, completed, signed and submitted by professional land surveyor directly to the Board office.
4. Non-refundable processing fee by check or money order made payable to State of Delaware. See Fee Schedule at [www.dpr.delaware.gov/boards/landsurveyors](http://www.dpr.delaware.gov/boards/landsurveyors).

Exams are held in April and October. The deadline for submission of all documents for the next exam is sixty (60) days before the next scheduled examination date.

#### **Reciprocity Applicants**

1. The Board's application form, completed in full, signed and notarized.
2. Original transcript(s) sent directly to the Board office from college(s) or university(ies).
3. Proof of experience on the *Experience Verification Form*, completed, signed and submitted by professional land surveyor directly to the Board office.
4. A letter of good standing or verification of licensure sent directly to the Board office from each state in which you have ever held a license.
5. Non-refundable processing fee by check or money order made payable to State of Delaware. See Fee Schedule at [www.dpr.delaware.gov/boards/landsurveyors](http://www.dpr.delaware.gov/boards/landsurveyors).

**Please Note:** It is the applicant's responsibility to ensure that all licensing requirements are fulfilled and to arrange for the Board office to receive all necessary supporting documents. The Board may request additional information or documents if clarification is needed. When the application is complete and all documents received, the Board will review the application at its next meeting. See Meeting Calendar at [www.dpr.delaware.gov/boards/landsurveyors](http://www.dpr.delaware.gov/boards/landsurveyors). The Board office will notify the applicant of the outcome. Please direct any questions regarding the application process or specific application inquiries to the Board office at (302) 744-4500 or by email to [Margaret.foreit@state.de.us](mailto:Margaret.foreit@state.de.us).



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## Delaware Board of Professional Land Surveyors Professional Land Surveyor Application

### Application for Licensure by: (check one)

\_\_\_\_\_ Experience/Examination AND one (1) of the following:

☐ 4-year surveying degree

☐ 32 semester hours

☐ 4-year related degree

☐ Ten years experience

\_\_\_\_\_ Reciprocity/State Examination

### General Information

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone (Home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Business) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Educational Background

College or University	Date of Attendance	Degree Earned

### Licensure in Other States/Jurisdictions

Are you currently licensed or have you ever been licensed as a Professional Land Surveyor in another state or jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list each state/jurisdiction and inclusive dates of licensure.

State/Jurisdiction	License Number	Date Issued	Expiration Date

**Employment History** (Make copies as needed.)

Name of Employer	Dates (month/year)		Title of Position and Detailed Description of Experience (describe magnitude and complexity of work, your duties and your degree of responsibility)	Surveying Experience in Months
	To	From		

Cumulative total this page \_\_\_\_\_

**Experience to be Completed When Applying Based on 4-Year Surveying Degree**

<b>Breakdown of Surveying Experience</b>	<b>Minimum Required (Months)</b>	<b>Actual (Months)</b>
<b><i>Field Experience in Surveying</i></b>		
a) Experience not in responsible charge		
b) Supervisory experience in responsible charge of boundary and retracement surveys	18	
c) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	25	
<b><i>Office Experience in Surveying</i></b>		
d) Experience not in responsible charge		
e) Supervisory experience in responsible charge of boundary and retracement surveys		
f) Supervisory experience in responsible charge of boundary and retracement surveys	11	
Total supervisory experience in responsible charge of all surveys (total lines c and f)	36	

**Experience to be Completed When Applying Based on 4-Year Related Degree**

<b>Breakdown of Surveying Experience</b>	<b>Minimum Required (Months)</b>	<b>Actual (Months)</b>
<b><i>Field Experience in Surveying</i></b>		
a) Experience not in responsible charge		
b) Supervisory experience in responsible charge of boundary and retracement surveys	30	
c) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	42	
<b><i>Office Experience in Surveying</i></b>		
d) Experience not in responsible charge		
e) Supervisory experience in responsible charge of boundary and retracement surveys		
f) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	18	
Total supervisory experience in responsible charge of all surveys (total lines c and f)	60	

**Experience to be Completed When Applying Based on 32 Semester Hours of Surveying or Surveying Related Coursework**

<b>Breakdown of Surveying Experience</b>	<b>Minimum Required (Months)</b>	<b>Actual (Months)</b>
<b><i>Field Experience in Surveying</i></b>		
a) Experience not in responsible charge		
b) Supervisory experience in responsible charge of boundary and retracement surveys	35	
c) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	50	
<b><i>Office Experience in Surveying</i></b>		
d) Experience not in responsible charge		
e) Supervisory experience in responsible charge of boundary and retracement surveys		
f) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	22	
Total supervisory experience in responsible charge of all surveys (total lines c and f)	72	

**Experience to be Completed When Applying Based on 10 Years of Experience**

<b>Breakdown of Surveying Experience</b>	<b>Minimum Required (Months)</b>	<b>Actual (Months)</b>
<b><i>Field Experience in Surveying</i></b>		
a) Experience not in responsible charge		
b) Supervisory experience in responsible charge of boundary and retracement surveys	59	
c) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	84	
<b><i>Office Experience in Surveying</i></b>		
d) Experience not in responsible charge		
e) Supervisory experience in responsible charge of boundary and retracement surveys		
f) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	36	
Total supervisory experience in responsible charge of all surveys (total lines c and f)	120	

## **Background**

Have you been the subject of any administrative penalties regarding your practice of land surveying such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender? Yes\_\_\_\_ No\_\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Are any unresolved complaints pending against you in any jurisdiction? Yes\_\_\_\_ No\_\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Do you have any impairment related to drugs or alcohol that would limit your practice of land surveying? Yes\_\_\_\_ No\_\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes\_\_\_\_ No\_\_\_\_ **If yes, submit a certified copy of your criminal history record.**

**The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.**

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**Please note: When your application is complete, please allow 4-8 weeks to receive your license.**

## **Affidavit**

The undersigned, being sworn, deposes and says that he or she is applying for a license as a professional land surveyor under the terms of Title 24 *Delaware Code*, Chapter 27; that he or she is the person who executed this application; that all statements and answers herein are truthful; that he or she has not suppressed any information that might affect this application; and that he or she has read and understands this affidavit and the fact that Fraud or Misrepresentation are grounds for denial or subsequent revocation of a license.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Notary Public in and for the  
County of \_\_\_\_\_  
State of \_\_\_\_\_

Notary Seal

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Delaware Board of Professional Land Surveyors

EXPERIENCE VERIFICATION FORM

This section to be completed by applicant and provided to professional land surveyor.

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Day Telephone: \_\_\_\_\_

This section to be completed and submitted directly to the Board Office by professional land surveyor attesting to land surveying experience of the applicant named above.

1. I have known the applicant professionally since \_\_\_\_\_ (date)
2. My relationship with this applicant has been that of:  
Employer ( ) Supervisor ( ) Co-worker ( ) Other ( ) \_\_\_\_\_
3. I have personal knowledge of this applicant's work from \_\_\_\_\_ (date) to \_\_\_\_\_ (date). During this time, the applicant was employed as a land surveyor using initiative, skill, and individual interpretative judgment from \_\_\_\_\_ (date) to \_\_\_\_\_ (date). The applicant's work as a land surveyor was full-time ( ) or part-time ( ). If part-time, indicate the percentage of land surveying work: \_\_\_\_\_.

Applicant's employer \_\_\_\_\_

Please describe the applicant's type of work, projects, and quality of work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider the applicant qualified for registration as a professional land surveyor?

Yes\_\_\_\_ No\_\_\_\_

Additional remarks or comments:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Name of professional reference: \_\_\_\_\_

Address of professional reference: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

EMBOSSSED  
STATE SEAL OF  
PROFESSIONAL  
LAND SURVEYOR

## EXPERIENCE VERIFICATION FORM

This section to be completed and submitted directly to the Board Office by professional land surveyor attesting to land surveying experience of the applicant.

Detailed Breakdown of Surveying Experience in Responsible Charge	Actual (Months)
<b>Field Experience</b>	
Horizontal and Vertical Control Surveys	
Boundary and Retracement Surveys	
Geodetic Work	
Topographic Surveys	
Highway Construction Layout	
Subdivision Construction Layout	
Other	
<b>Office Experience</b>	
Record Research	
Note Reduction	
Subdivision Design	
Plotting and Drafting	
Descriptions	
Stormwater Management Design	
Boundary and Retracement Computations	
Other	

Breakdown of Surveying Experience	Actual (Months)
<b>Field Experience</b>	
a) Experience not in responsible charge	
b) Supervisory experience in responsible charge of boundary and retracement surveys	
c) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	
<b>Office Experience in Surveying</b>	
d) Experience not in responsible charge	
e) Supervisory experience in responsible charge of boundary and retracement surveys	
f) Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	
<b>Total supervisory experience in responsible charge of all surveys</b> (total lines c and f)	

This form must be mailed directly to the Board Office by the professional land surveyor completing the form. The address is:

Board of Professional Land Surveyors  
861 Silver Lake Boulevard  
Cannon Building, Suite 203  
Dover, DE 19904